



## GUIDELINES FOR PHYSICAL THERAPISTS TREATING CLIENTS WITH NEUROMUSCULAR DISORDERS

### Re: Medicare Guidelines for Maintenance Home Health & Outpatient Physical Therapy

#### Rationale:

- Clients with neuromuscular disorders (e.g. ALS, SMA, Muscular Dystrophies) have chronic impairments which affect their ability to mobilize and function at their maximal potential. Examples include strength, balance, respiration, posture, balance, and pain
- Skilled physical therapy is often beneficial to address specific and acute problems, and the traditional model is for PT to make focused goals towards improvement, with subsequent discharge when the goal is met or the client's progress plateaus. Examples include pain reduction, improvement of a ROM deficit, or independence with a home exercise program
- At times for chronic conditions, such as various neuromuscular disorders, clients may benefit from ongoing services to slow the decline of their condition, prevent exacerbations, manage pain, and maintain a level of fitness and functional mobility
- While therapists understand this intuitively, many do not realize that such ongoing PT services can be reimbursed by Medicare, and thus discharge the client when improvement plateaus
- Often patients are saddened that their therapy has to conclude, desire further services, and feel they regress when their therapy ceases

#### Basics of Medicare Maintenance Therapy:

- Contrary to popular belief, there is no "Improvement Standard" under Medicare
- Maintenance Therapy **IS** reimbursable if justified
- **Coverage depends NOT on the beneficiary's restoration potential, but on whether skilled care is required**, along with the underlying reasonableness and necessity of the services themselves
- This became clearer based on the *Jimmo v Sebelius* Settlement, the results of a class action lawsuit in 2011-13. The Settlement Agreement clearly states that qualification for Medicare coverage depends on the beneficiary's need for skilled care (nursing or therapy) *not* on his or her potential for improvement
- CMS states there is a clear distinction between (1) restorative or rehabilitative therapy, and (2) maintenance therapy. Therapists' documentation should state whether the skilled therapy is for restorative or maintenance purposes
- Restorative/Rehabilitative Care: The primary goal is reverse loss in function, and thus assessing the potential for improvement is appropriate

## *Medicare Maintenance Therapy for Physical Therapists Treating Clients with Neuromuscular Disorders (continued)*

- Maintenance Therapy:
  - Improvement is not expected and should not determine coverage of care
  - Instead, coverage is based on an individualized assessment of the patient's condition and the need for skilled care to carry out a safe and effective maintenance program.
  - Skilled maintenance therapy is covered when the needed therapeutic interventions constitute a high level of complexity.
  - The coverage of skilled maintenance therapy services does not pose any distinctions in Medicare fee for service as these services will still receive the same level of reimbursement as rehabilitative services under the Medicare fee schedule and prospective payment systems
  - Skilled maintenance is covered in two circumstances:
    - 1) Establishment of a maintenance program in which the skill and judgment of the physical therapist is needed to design and educate regarding a maintenance program to be carried out by non-skilled personnel or a caregiver. In this case, Medicare will cover periodic reevaluations of the patient by the physical therapist. Treatments include follow-up on instruction/training, and determination of program efficacy and need for modification
    - 2) The skills and judgment of the physical therapist are needed to deliver skilled maintenance due to the complexity of the services needed to maintain or prevent decline, or for safety reasons
- Transition from Restorative to Maintenance:
  - If a patient who is receiving restorative therapy then requires skilled maintenance therapy based on the skills and judgment of the physical therapist, development of a maintenance program would occur during the last visit for restorative treatment
  - The goal of the skilled maintenance therapy program would be to maintain the patient's current functional status or to prevent or slow deterioration

### **Home Health, Part A Benefits:**

- Skilled therapy services must be provided by a PT, not a PTA
- Must still do periodic assessments at the same required intervals as rehabilitative therapy, to determine effectiveness of the plan of care for the established goals (e.g. at least every 30 days)
- There is a separate billing code for restorative vs. maintenance therapy –  
Maintenance code is G0159 – “Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes”

### **Outpatient, Part B Benefits:**

- Skilled maintenance therapy services must be provided by a PT, not a PTA
- Coverage of skilled maintenance therapy under the Medicare outpatient therapy Part B benefit does not affect the therapy cap or manual medical review process. Claims for services above the therapy cap still should include the KX modifier
- “Current” and “goal” status G-code modifiers can be the same under maintenance therapy

## **Documentation and Justification of Skilled Maintenance Therapy:**

- It is important that your documentation shows that:
  - The skills of a therapist are necessary for the services to be provided safely and effectively, due to the pts specific medical complications or the complexity of the therapy procedures
  - Services cannot be safely and effectively carried out by the beneficiary personally, or with the assistance of non-therapists, including unskilled caregivers
  - There is potential for deterioration without skilled therapy
  - The services themselves are reasonable and necessary for the treatment of a patient's condition, to maintain, prevent, or slow further deterioration of the patient's functional status
  - The frequency and duration of the services provided are appropriate and support the documented clinical goals. (Typically less visits with lower frequencies than Restorative/Rehabilitative Therapy).
  - Goals are being accomplished: If the goal is to maintain a patient's current condition then the documentation should reflect the program's effectiveness in achieving this goal. If the goal is to slow further deterioration of the patient's condition, the documentation should reflect that the natural progression of the patient's medical or functional decline has been slowed
- Documentation Language Examples:
  - Assessment: Patient requires the skills of a therapist for safe stretching due to presence of spasticity and hypertonicity putting patient at risk for muscle injury during stretch by unskilled caregiver and patient is unable to stretch self
  - Goals: Patient to maintain current ROM necessary for positioning to prevent pressure ulcerations; Patient to maintain current ROM/strength to prevent further deterioration of ADLs
- Objective tests and measures should still be utilized for assessment and goals: e.g. walking distance, 10 meter walk, timed up and go, BERG, ROM, Ashworth

## **Resources:**

1. APTA – has a series of excellent podcasts/transcripts designed to help PTs understand this topic. The five podcasts are organized as Basics, SNF, HHPT, OPPT, and Documentation: <http://www.apta.org/Podcasts/Jimmo/>
2. Centers for Medicare and Medicaid Services (CMS)-
  - a. CMS Fact Sheet on *Jimmo v. Sebelius* Settlement Agreement: [https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Downloads/jimmo\\_fact\\_sheet2\\_022014\\_final.pdf](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Downloads/jimmo_fact_sheet2_022014_final.pdf)
  - b. Medicare Benefit Policy Manual Updates to Clarify Coverage Pursuant to *Jimmo v. Sebelius*: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8458.pdf>
3. Center for Medicare Advocacy –
  - a. Ongoing news about the Improvement Standard issue, including links to many other resources: <http://www.medicareadvocacy.org/medicare-info/improvement-standard/>
  - b. Self-help packets for therapy denials/appeals, including Improvement Standard denials. There is one specific to outpatient therapy, and one specific to home health. Each contains multiple links to other resources: <http://www.medicareadvocacy.org/take-action/self-help-packets-for-medicare-appeals/>

Information Provided by:

Melissa Fox, PT, DPT

University of Virginia Health System

[msg9r@virginia.edu](mailto:msg9r@virginia.edu)

434-760-4520